



Transcript Request Form

State of New Jersey
Department of Education
Office of GED Testing
PO Box 500
Trenton, NJ 08625-0500
www.state.nj.us/education/

1 PLEASE PRINT ALL INFORMATION

Name	Last	First	MI
Name at time of test if different from above:			
Date of Birth		Social Security Number	
Place of Testing (City or School)		Date of Testing	
Current Address (Street / PO Box # / Apt)			
City / State / Zip Code			
Daytime Phone Number		Work Phone Number	Cell Phone Number
Email Address:		Please initial below if you want your Transcript E-mailed to you. Initial here: _____	
I authorize the New Jersey State Department of Education to release my GED transcript to the name(s) and address(es) on the reverse side of this form.			
Signature of Person Who Took The Test		Date	
Sign X _____			

2 ☒ Check As Many As Apply # Please Allow 4-6 Weeks For Processing

Transcripts –	number requested	@ \$ 5.00 each =	\$
Corrections to Record See Reverse: Corrections		@ \$ 10.00 each =	\$
*Processing Fees are Non-refundable		Total	\$

3 SEND ONE **MONEY ORDER ONLY** WITH TOTAL AMOUNT PAYABLE TO TREASURER – STATE OF NEW JERSEY

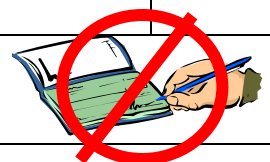
Return this form along with the appropriate payment to;

**NJ Department of Education
Office of GED Testing
PO Box 500
Trenton, NJ 08625-0500**

4 Did you complete the following?

		Yes	No
1	All appropriate information		
2	Sign the request form		
3	Enclose one money order for total amount payable to: Treasurer- State of NJ		

No Personal checks accepted. **! Important !** No Personal checks accepted.



Name (s) and address (es) to which GED information is to be sent to:

Please print clearly (no abbreviation). The U.S. Post Office will not deliver without a complete address.

Address # 1

Address #2


For additional mailing addresses please attach a separate piece of paper.

Corrections To Your Record

Name Correction

From:

To:

Enclose the following  required documentation with this request:

Copy of social security card


Copy of legal document
verifying correct name

Original diploma, if issued

Correction of Date of Birth

From:

To:


Enclose the following  required documentation with this request

Certified copy of your birth
certificate must be
submitted with this request
form

Correction of Social Security Number

From:

To:

Enclose the following  required documentation with this request:

Copy of social security card

NJ GED Testing is open to New Jersey residents only.

NEW JERSEY DOES NOT ISSUE DUPLICATE DIPLOMAS

FYI

GED Transcript Request

An official GED transcript is a document certifying the highest scores earned on the Test of General Educational Development (GED). The transcript also verifies whether an individual has been issued a state high school diploma.

Diploma Verification

An official verification validating the issuance of a New Jersey Diploma through a method other than test of General Educational Development (GED).

Please Note: The Department of Education maintains GED records only for those individuals who tested at authorized GED Testing centers in NJ. The office does not maintain records for individuals who tested at federal correctional institutions; tested in another state or through the military (unless a prior request and payment have been accepted); or who graduated from a local school district high school or adult high school.